

AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

Route# Direction Name of Roadway/Street
 At
 Route# Direction Name of Intersecting Roadway/Street
 Also at Intersection with
 Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street
 Feet **N S E W** of _____ or _____
 Mile Marker Exit Number
 Feet **N S E W** of _____
 Route# Intersecting Roadway/Street
 Feet **N S E W** of _____
 Landmark

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped
 Crash Report ID# **22-265-AC**

License # **S85691715** St **MA** DOB/Age _____ Reg # **197JT1** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement _____ Veh Year **2016** Veh Make **HONDA** Veh Config. **1**
 Operator **CRUZ, LUIS ALE** Owner **DABRIEO, DAFMALY**
 Address **54 GATES ST APT 2** Address **54 GATES ST APT 2**
 City **LOWELL** State **MA** Zip **01851-2659** City **LOWELL** State **MA** Zip **01851-2659**
 Insurance Company **GEICO GENERAL INSURANCE C** Vehicle Action Prior to Crash **1** Damaged Area Code: **1** **27** **27** **27**
 Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** Test Status: **3** **28**
 Citation # (If Issued) **563948AB** Most Harmful Event **24** Type of Test: **2** **29**
 Viol. 1: Ch/Sec/Sub **90** **24** Viol. 2: Ch/Sec/Sub **90** **24** Driver Contributing Code **10** **25** **25** BAC Test Result: **5** **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99** Towed from scene? **1** **33**

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trip Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			1	1	1	0	0	10	1	

Please Select One of the Following: Vehicle **2** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # **S61054793** St **MA** DOB/Age _____ Reg # **417DE0** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement _____ Veh Year **2019** Veh Make **CHEVROLET** Veh Config. **2**
 Operator **SCHOLL, WILLIAM R** Owner **SCHOLL, WILLIAM R**
 Address **99 NICHOLS ST** Address **99 NICHOLS ST**
 City **WILMINGTON** State **MA** Zip **01887-1609** City **WILMINGTON** State **MA** Zip **01887-1609**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **10** Damaged Area Code: **7** **27** **27** **27**
 Vehicle Travel Direction: **S E W** Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** Test Status: **3** **28**
 Citation # (If Issued) **T2446338** Most Harmful Event **1** **24** Type of Test: **2** **29**
 Viol. 1: Ch/Sec/Sub **90** **24** Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **9** **25** **25** BAC Test Result: **5** **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99** Towed from scene? **1** **33**

Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trip Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			1	1	4	0	0	10	1	

Crash Diagram:

ie: → 1 → 2 → →

Nichols Street
Wilmington

99 Nichols Street

V2

V1

If Crash Did Not Occur on a Public Way:

- Off-Street Parking Lot
- Garage
- Mall/Shopping Center
- Other Private Way

Indicate North by Arrow

Crash Narrative:

V1 was traveling west on Nichols Street in Wilmington towards Brown Street in Tewksbury. V2 was backing into his driveway at 99 Nichols Street. V1 crashed into V2 when he was backing into the driveway. V1 stated he has bright LED lights and he did not see V2. V2 stated he pulled out into the roadway to back into his driveway and he was struck by V1. V2 was found backed into the grass next to the driveway. Op1 and Op2 were both arrested for OUI-Liquor. Both vehicles towed by Forrest Towing. No injuries observed or reported in Opr1 or Opr2. Refer to 22-269-AR and 22-270-AR for reference.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Patrol Officer Kathryn C Goodwin

Police Officer Name (Please Print)

Signature

216

ID/Badge #

Wilmington Police Department

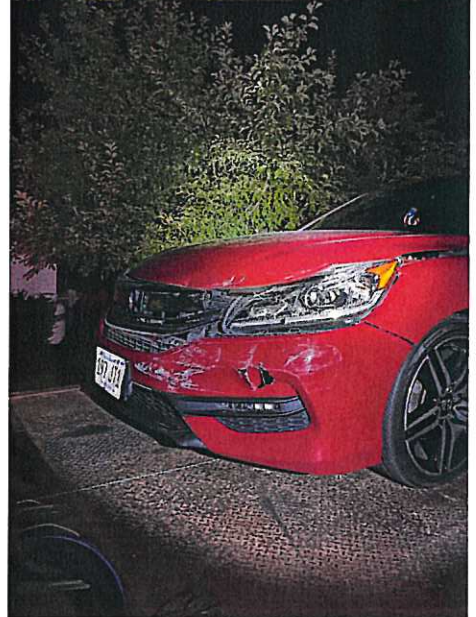
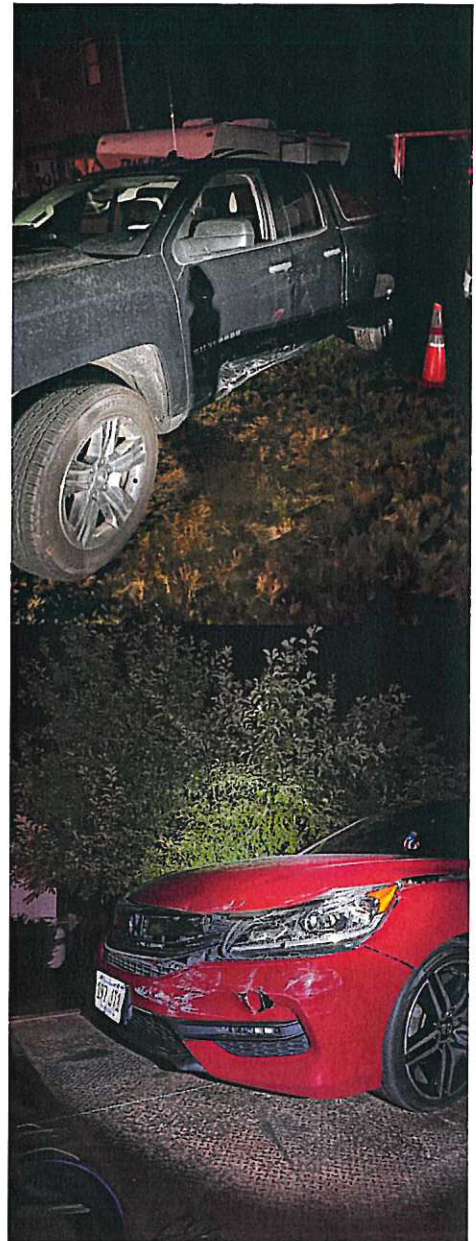
Department

Precinct/Barracks

08/21/2022

Date

Wilmington Police Department
Images Associated with 22-265-AC



AT INTERSECTION: **LOCATION** **NOT AT INTERSECTION:**

1 1 MAIN ST
 Route# Direction Name of Roadway/Street
 At
RICHMOND ST
 Route# Direction Name of Intersecting Roadway/Street
 Also at Intersection with
2 1 Route# Direction Name of Intersecting Roadway/Street

3 11
 Feet N S E W of _____ or _____
 Mile Marker _____ Exit Number _____
 Feet N S E W of _____
 Route# _____ Intersecting Roadway/Street _____
 Feet N S E W of _____
 Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped
 Crash Report ID# **22-266-AC**

License # **S17394018** St **MA** DOB/Age _____ Reg # **376EE5** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2021** Veh Make **HONDA** Veh Config. **1** 21
 Operator **SALAZAR, LUIS E** Owner **SALAZAR, LUIS E**
 Address **174 WOBURN ST** Address **174 WOBURN ST**
 City **WILMINGTON** State **MA** Zip **01887-1478** City **WILMINGTON** State **MA** Zip **01887-1478**
 Insurance Company **GEICO GENERAL INSURANCE C** Vehicle Action Prior to Crash **4** 22 Damaged Area Code: **2** 27 **3** 27 **27**
 Vehicle Travel Direction: N E W Responding to Emergency? **2** Event Sequence **1** 23 **23** **23** **23** Test Status: **1** 28
 Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **1** 25 **25** BAC Test Result: **30**
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **99** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Viol. 3: Ch/Sec/Sub _____ Towed from scene? **2** 33
 Viol. 4: Ch/Sec/Sub _____

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	XXXX	1	1	4	0	0	10	1	

Please Select One of the Following: Vehicle **2** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # **S84897724** St **MA** DOB/Age _____ Reg # **8JL795** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2018** Veh Make **MAZDA** Veh Config. **1** 21
 Operator **BELL, ARTHUR J** Owner **BELL, ARTHUR J**
 Address **138 ALDRICH RD** Address **138 ALDRICH RD**
 City **WILMINGTON** State **MA** Zip **01887-2228** City **WILMINGTON** State **MA** Zip **01887-2228**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **3** 22 Damaged Area Code: **8** 27 **7** 27 **27**
 Vehicle Travel Direction: N E W Responding to Emergency? **2** Event Sequence **1** 23 **23** **23** **23** Test Status: **1** 28
 Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **9** 25 **19** 25 BAC Test Result: **30**
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **99** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Viol. 3: Ch/Sec/Sub _____ Towed from scene? **2** 33
 Viol. 4: Ch/Sec/Sub _____

Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	XXXX	1	1	4	0	0	10	1	

AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

1 1 Route# Direction Name of Roadway/Street At
 2 3 Route# Direction Name of Intersecting Roadway/Street
 3 3 Route# Direction Name of Intersecting Roadway/Street

2 10 Route# Direction Address # **212 MAIN ST** Name of Roadway/Street
 Feet N S E W of _____ or _____
 Mile Marker _____ Exit Number _____
 5 11 Feet N S E W of _____
 Route# _____ Intersecting Roadway/Street _____
 Feet N S E W of _____
 Landmark _____

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped
 Crash Report ID# **22-267-AC**

License # **S26231535** St **MA** DOB/Age _____ Reg # **3EL239** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2008** Veh Make **HONDA** Veh Config. **1** 21
 Operator **SHAIKH, IMRANALI I** Owner **SHAIKH, IMRANALI I**
 Address **45 MCKENNA DR APT 101** Address **45 MCKENNA DR APT 101**
 City **N BILLERICA** State **MA** Zip **01862-1728** City **N BILLERICA** State **MA** Zip **01862-1728**
 Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **8** 27 27 27
 Vehicle Travel Direction: S E W Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: **1** 28
 Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: **2** 29
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **1** 25 25 BAC Test Result: **1** 30
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Viol. 3: Ch/Sec/Sub _____ Towed from scene? **2** 33
 Viol. 4: Ch/Sec/Sub _____

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	XXXX	1	1	4	0	0	10	1	

Please Select One of the Following: Vehicle 2 Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # **S52274492** St **MA** DOB/Age _____ Reg # **371YD3** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2007** Veh Make **NISSAN** Veh Config. **1** 21
 Operator **HUBER, BRENDAN** Owner **HUBER, BRENDAN**
 Address **4001 POULIOT PL** Address **4001 POULIOT PL**
 City **WILMINGTON** State **MA** Zip **01887-4589** City **WILMINGTON** State **MA** Zip **01887-4589**
 Insurance Company **GEICO GENERAL INSURANCE C** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **1** 27 27 27
 Vehicle Travel Direction: N E W Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: **1** 28
 Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: **2** 29
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **1** 25 25 BAC Test Result: **1** 30
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Viol. 3: Ch/Sec/Sub _____ Towed from scene? **2** 33
 Viol. 4: Ch/Sec/Sub _____

Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	XXXX	1	1	4	0	0	10	1	

Police Use Only	Date of Crash 08/22/2022	Time of Crash 1643 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report	Number Vehicles 3	Number Injured 0	Speed Limit <u>35</u>	Latitude _____	Longitude _____	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other _____ <input type="checkbox"/>
AT INTERSECTION:					LOCATION					NOT AT INTERSECTION:				
Route# _____ Direction _____ Name of Roadway/Street _____					Route# <u>212</u> Direction _____ Address # <u>MAIN ST</u> Name of Roadway/Street _____									
At _____					Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____					Mile Marker _____ Exit Number _____				
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____					Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____					Route# _____ Intersecting Roadway/Street _____				
Also at Intersection with _____					Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____					Landmark _____				
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____														

Please Select One of the Following: Vehicle 3 1 #Occupants Hit/Run Moped

Crash Report ID# **22-267-AC**

License # <u>S70298778</u> St <u>MA</u> DOB/Age _____	Reg # <u>3MGD31</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____	Veh Year <u>2009</u> Veh Make <u>CADILLAC</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>STONE, JENNIFER CATHERINE</u> Last First Middle	Owner <u>STONE, JENNIFER CATHERINE</u> Last First Middle
Address <u>115 GLEN RD</u>	Address <u>115 GLEN RD</u>
City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3537</u>	City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3537</u>
Insurance Company <u>AMERICAN FAMILY CONNECT P</u>	Vehicle Action Prior to Crash <u>4</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>1</u> <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <u>4</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <u>99</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>
	Towed from scene? <u>1</u> <u>33</u>

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXX	XX	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>2</u>	Winchester Hospital

Please Select One of the Following: Vehicle 4 _____ #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

License # _____ St _____ DOB/Age _____	Reg # _____ Reg Type _____ Reg State _____
Sex _____ Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____	Veh Year _____ Veh Make _____ Veh Config. <u>21</u>
Operator _____ Last First Middle	Owner _____ Last First Middle
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Insurance Company _____	Vehicle Action Prior to Crash <u>22</u> Damaged Area Code: <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____	Event Sequence <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>24</u> Type of Test: <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <u>25</u> <u>25</u> BAC Test Result: <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u>
	Towed from scene? <u>33</u>

Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXX	XX	<u>1</u>							

Wilmington Police Department
Images Associated with 22-267-AC



Police Use Only		Date of Crash 08/23/2022	Time of Crash 0827 24HR	City/Town Wilmington	Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u>	Latitude _____	Longitude _____	<input type="checkbox"/> State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other	
AT INTERSECTION:					LOCATION			NOT AT INTERSECTION:			
Route# _____ Direction _____ Name of Roadway/Street _____					Route# _____ Direction _____ Address # <u>482</u> Name of Roadway/Street <u>MIDDLESEX AVE</u>						
At _____					Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____			Mile Marker _____ Exit Number _____			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____					Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____						
Also at Intersection with _____					Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____			Route# _____ Intersecting Roadway/Street _____			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____								Landmark _____			

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped

Crash Report ID# **22-268-AC**

License # <u>S60837996</u> St <u>MA</u> DOB/Agc _____		Reg # <u>2WZK91</u> Reg Type <u>PC</u> Reg State <u>MA</u>	
Sex <u>M</u> Lic. Class <u>D</u> ¹⁹ / ₁₉ Lic. Restrictions <u>1</u> ²⁰ / ₂₀ CDL _____	Veh Year <u>2019</u> Veh Make <u>FORD</u> Veh Config. <u>1</u> ²¹ / ₂₁	Endorsement _____	
Operator <u>HOUDE, JAMES R</u>		Owner <u>HOUDE, SUSAN RUTH</u>	
Address <u>11 MARSHBROOK RD</u>		Address <u>11 MARSHBROOK RD</u>	
City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821</u>		City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-5260</u>	
Insurance Company <u>CITIZENS INSURANCE COMPAN</u>		Vehicle Action Prior to Crash <u>2</u> ²² / ₂₂ Damaged Area Code: <u>6</u> ²⁷ / ₅ ²⁷ / ₇ ²⁷ / ₂₇	
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>		Event Sequence <u>1</u> ²³ / ₂₃ ²³ / ₂₃ ²³ / ₂₃ Test Status: <u>1</u> ²⁸ / ₂₈	
Citation # (If Issued) _____		Most Harmful Event <u>1</u> ²⁴ / ₂₄ Type of Test: <u>29</u> / ₂₉	
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____		Driver Contributing Code <u>1</u> ²⁵ / ₂₅ BAC Test Result: <u>1</u> ³⁰ / ₃₀	
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____		Susp. Alcohol: <u>2</u> ³¹ / ₃₁ Susp. Drug: <u>2</u> ³² / ₃₂	
		Driver Distracted by <u>0</u> ²⁶ / ₂₆ Towed from scene? <u>2</u> ³³ / ₃₃	

Please fill out for operator and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

Please Select One of the Following: Vehicle 2 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

License # <u>S63121525</u> St <u>MA</u> DOB/Agc _____		Reg # <u>3DZX19</u> Reg Type <u>PC</u> Reg State <u>MA</u>	
Sex <u>M</u> Lic. Class <u>D</u> ¹⁹ / ₁₉ Lic. Restrictions <u>B</u> ²⁰ / ₂₀ CDL _____	Veh Year <u>2021</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> ²¹ / ₂₁	Endorsement _____	
Operator <u>MCNEIL, HARVEY HAVELOCK</u>		Owner <u>MCNEIL, HARVEY HAVELOCK</u>	
Address <u>21 LEXINGTON ST</u>		Address <u>21 LEXINGTON ST</u>	
City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1339</u>		City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1339</u>	
Insurance Company <u>ARBELLA MUTUAL INSURANCE</u>		Vehicle Action Prior to Crash <u>1</u> ²² / ₂₂ Damaged Area Code: <u>2</u> ²⁷ / ₃ ²⁷ / ₁ ²⁷ / ₂₇	
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>		Event Sequence <u>1</u> ²³ / ₂₃ ²³ / ₂₃ ²³ / ₂₃ Test Status: <u>1</u> ²⁸ / ₂₈	
Citation # (If Issued) _____		Most Harmful Event <u>1</u> ²⁴ / ₂₄ Type of Test: <u>29</u> / ₂₉	
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____		Driver Contributing Code <u>5</u> ²⁵ / ₂₅ <u>99</u> ²⁵ / ₂₅ BAC Test Result: <u>1</u> ³⁰ / ₃₀	
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____		Susp. Alcohol: <u>2</u> ³¹ / ₃₁ Susp. Drug: <u>2</u> ³² / ₃₂	
		Driver Distracted by <u>99</u> ²⁶ / ₂₆ Towed from scene? <u>1</u> ³³ / ₃₃	

Please fill out for operator/non-motorist and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

Date of Crash: 08/23/2022 Time of Crash: 0857 City/Town: **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles: 2 Number Injured: 2 Speed Limit: 35 State Police Local Police MBTA Police Campus Police Other:

< LOCATION >

AT INTERSECTION: NOT AT INTERSECTION:

<p>1 38 S MAIN ST Route# Direction Name of Roadway/Street</p> <p>At</p> <p>2 38 E LAKE ST Route# Direction Name of Intersecting Roadway/Street</p> <p>Also at Intersection with</p> <p>3 Route# Direction Name of Intersecting Roadway/Street</p>	<p>2 10</p> <p>Route# Direction Address # Name of Roadway/Street</p> <p>Feet <input type="checkbox"/>N <input type="checkbox"/>S <input type="checkbox"/>E <input type="checkbox"/>W of _____ or _____</p> <p>Mile Marker _____ Exit Number _____</p> <p>3 11</p> <p>Feet <input type="checkbox"/>N <input type="checkbox"/>S <input type="checkbox"/>E <input type="checkbox"/>W of _____</p> <p>Route# Intersecting Roadway/Street</p> <p>Feet <input type="checkbox"/>N <input type="checkbox"/>S <input type="checkbox"/>E <input type="checkbox"/>W of _____</p> <p>Landmark _____</p>
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Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped Crash Report ID# **22-269-AC**

<p>2 License # NHL12036776 St NH DOB/Ag: _____</p> <p>Sex F Lic. Class D Lic. Restrictions 20 CDL _____</p> <p>Operator FALES, TATUM MARIE Last First Middle</p> <p>4 Address 2 IRIS AVE</p> <p>City PELHAM State NH Zip 030763604</p> <p>Insurance Company Liberty Mutual Insurance</p> <p>5 Vehicle Travel Direction: <input checked="" type="checkbox"/>N <input type="checkbox"/>S <input type="checkbox"/>E <input type="checkbox"/>W Responding to Emergency? 2</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # 5089069 Reg Type PC Reg State NH</p> <p>Veh Year 2019 Veh Make HONDA Veh Config. 1 21</p> <p>Owner FALES, TATUM MARIE Last First Middle</p> <p>Address 2 IRIS AVE</p> <p>City PELHAM State NH Zip 030763604</p> <p>Vehicle Action Prior to Crash 1 22 Damaged Area Code: 8 27 1 27 27</p> <p>Event Sequence 1 23 23 23 23 Test Status: 28</p> <p>Most Harmful Event 1 24 Type of Test: 29</p> <p>Driver Contributing Code 1 25 25 BAC Test Result: 30</p> <p>Driver Distracted by 0 26 Susp. Alcohol: 31 Susp. Drug: 32</p> <p>Towed from scene? 1 33</p>
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator				1	1	4	0	0	8	2	Lahey Clinic
See Above											

Please Select One of the Following: Vehicle 1 Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

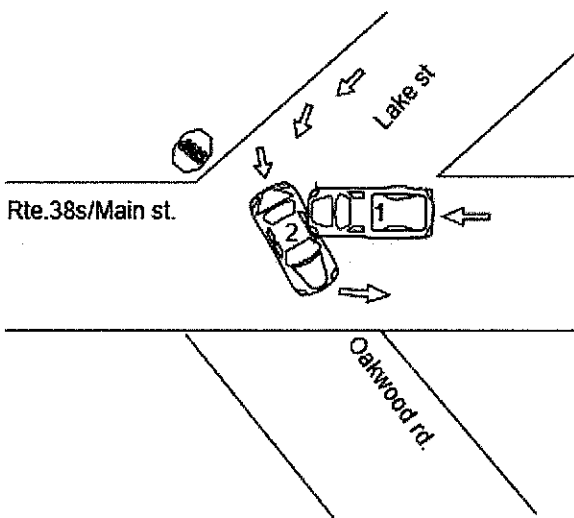
<p>2 License # NHL18913538 St NH DOB/Ag: _____</p> <p>Sex M Lic. Class D Lic. Restrictions 20 CDL _____</p> <p>Operator CUTLER, CAMERON PATRICK Last First Middle</p> <p>8 Address 595 CRYSTAL LAKE RD GILMANTON</p> <p>City GILMANTON IW State NH Zip 03837</p> <p>Insurance Company Progressive Insurance</p> <p>9 Vehicle Travel Direction: <input type="checkbox"/>N <input type="checkbox"/>S <input checked="" type="checkbox"/>E <input type="checkbox"/>W Responding to Emergency? 2</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # 4786094 Reg Type PC Reg State NH</p> <p>Veh Year 2014 Veh Make SUBARU Veh Config. 1 21</p> <p>Owner CUTLER, LAWRENCE CAIN Last First Middle</p> <p>Address 595 CRYSTAL LAKE RD</p> <p>City GILMANTON IW State NH Zip 038374622</p> <p>Vehicle Action Prior to Crash 4 22 Damaged Area Code: 7 27 27 27</p> <p>Event Sequence 1 23 23 23 23 Test Status: 28</p> <p>Most Harmful Event 1 24 Type of Test: 29</p> <p>Driver Contributing Code 99 25 25 BAC Test Result: 30</p> <p>Driver Distracted by 0 26 Susp. Alcohol: 31 Susp. Drug: 32</p> <p>Towed from scene? 1 33</p>
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Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist				1	1	2	0	0	8	1	
See Above											

→ = Direction [1] = Vehicle 1 [2] = Vehicle 2 ♀ = Pedestrian 🚲 = Bicycle

ie: → [1] → [2] → ♀ → 🚲

Crash Diagram:



If Crash Did Not Occur on a Public Way:

- Off-Street Parking Lot
- Garage
- Mall/Shopping Center
- Other Private Way

Indicate North by Arrow



Crash Narrative:

Oper.#1 related she was traveling south on Rte.38/Main st., when m/v#2 pulled out in front of her m/v#1 and was unable to stop in time.

Oper.#2 related he was attempting to exit and make a left turn onto Rte.38n/Main st., from Lake st.. While attempting to do so, he thought the traffic had cleared and began his turn when m/v#1 crashed into the side of his m/v#2. He also related that he did not see m/v#1.

(PWJ/142)

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use **42**

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate **43** Cargo Body Type Code **44** GVWR/GCWR **45**

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length **46**

Hazmat Information:

Placard **47** Material 1 digit # **48** Material Name _____ Material 4 digit # _____ Release code **49**

Patrol Officer Paul W Jepson

Police Officer Name (Please Print)

Signature

142

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

08/23/2022

Date